## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>th</sup>, SUITE 1A

DES MOINES, IA 50319 www.iowa.gov/ethics

## **VERIFIED STATEMENT REGISTRATION**

(Out-of-State Committee)

COMMITTEES NOT ORGANIZED IN IOWA TO COMPLETE IN DUPLICATE.
SEND A COPY TO THE BOARD **WITHIN 15 DAYS OF THE CONTRIBUTION DATE** AND
ONE COPY WITH EACH CONTRIBUTION TO THE IOWA COMMITTEE WITH THE CONTRIBUTION.
PLEASE REFER TO DETAILED INSTRUCTIONS ON BACK OF FORM.
THIS FORM MUST BE FILED FOR EACH CONTRIBUTION IN EXCESS OF \$50

(Person submitting form)

Form VERIFIED STATEMENT REGISTRATION (Out-of-State Committees) (Rev. 03/05)
For office use only
Comm. #
Indexed
Audited
Checked
Computer

(Date)

Official Name of Out-of-State Committee (Do not abbreviate co	g Address		
City, State, Zip Code		rea Code & Telephone No	n
Sity, State, 2ip Gode	7 11	ca code a relephone in	
NTACT PERSON FOR THE COMMITTEE:			
ame			
lailing Address	С	ity, State, Zip	
Email Address (Optional)	Area Code & Telephone Number		
ATE OR FEDERAL JURISDICTION WHERE COMMITTEE REGISTERED OR OPERATES		TITY, AFFILIATE, SP separate page if needed	
Name of Jurisdiction	Name		
Mailing Address	Mailing Address		
City, State, Zip Code Area Code & Telephone No.		City, State, Zip Co	
VA RESIDENT AGENT	IOWA COMMIT	TEE RECEIVING CON	ITRIBUTION
WA RESIDENT AGENT  Typed Name of Iowa Resident	IOWA COMMIT	TEE RECEIVING CON	
	IOWA COMMIT		ee
Typed Name of Iowa Resident  Mailing Address	IOWA COMMIT	Name of Committ  Mailing Address	ee
Typed Name of Iowa Resident  Mailing Address		Name of Committ  Mailing Address	ee
Typed Name of Iowa Resident  Mailing Address	Date Amount	Name of Committ  Mailing Address  If In-Kind Conf	ee stribution, Describe

(Title)

## INSTRUCTIONS FOR COMPLETING VERIFIED STATEMENT REGISTRATION (VSR) FORM FOR USE BY COMMITTEES NOT ORGANIZED IN THE STATE OF IOWA

This form must be filed with every contribution to an Iowa committee in excess of \$50.

Complete this form in duplicate, typewritten or printed legibly in black ink, each time a contribution is made to an Iowa candidate's committee or other Iowa political committee, including state and county political party organizations. One copy shall accompany the check sent to the Iowa committee, and the original shall be sent to the Board on the same day. Your check to the Iowa committee must be sent or delivered within <u>fifteen days</u> after it is issued. Monetary or in kind contributions may not be made to elected state officials, members of general assembly, or candidate for state office on any day during the regular legislative session and, in the case of the governor or a gubernatorial candidate, during the thirty days following the adjournment of a regular legislative session allowed for the signing of bills. *Corporate contributions* to Iowa political committees except for ballot issue committees are prohibited, as well as giving a contribution in the name of another. A VSR is considered delinquent if it is not received on or before the fifteenth day after the date of the contribution, or mailed bearing a United States Postal Service postmark dated on or before the fifteenth day after the contribution. Monetary civil penalties will be assessed for late filed forms.

**COMMITTEE NAME**: This information is required by statute. List in this box the official name of your committee, as well as its complete mailing address, area code and telephone number. If an abbreviation or acronym is used, you are required by rule to provide its meaning.

**IOWA RESIDENT AUTHORIZED TO RECEIVE SERVICE OF ORIGINAL NOTICE**: The name of an Iowa resident is required by statute. It is not required that this person be an employee or associate of your committee, only that the person be willing to accept service of legal papers on your behalf. Sometimes a member of the recipient committee is willing to do this.

**PARENT ENTITY, AFFILIATE, SPONSOR OF COMMITTEE**: If your committee has a parent entity, affiliate or sponsor (such as a corporation, trade association, candidate or labor organization), list its name and complete address. If your PAC has none of the above, write "none" in the box.

**PURPOSE OF COMMITTEE**: This information is required by statute and may be a statement describing the type of candidates/committees you will be supporting, it may name one or more specific candidates/committees by name, or it may designate a political affiliation of the candidate/committees to whom your committee will contribute.

**STATE/FEDERAL JURISDICTION WHERE COMMITTEE IS REGISTERED OR OPERATES**: This information is required by statute. List in the box the regulatory agency (name, address, and telephone number) with whom your committee files disclosure reports. Your state must have filing requirements that are substantially similar to Iowa's and funds may not come from an account that receives contributions from entities who would be prohibited under Iowa code section 68A.503 unless the Iowa recipient committee is a ballot issue committee.

**IOWA COMMITTEE RECEIVING CONTRIBUTION**: As required by Iowa statute, list the official name of the Iowa committee to which your contribution is being made, the committee's mailing address including city, state and zip code, the date of the contribution and the dollar amount. For the purpose of rule 351–4.32 "date of the contribution" means the day, month, and year the contribution check is dated. If the contribution is in-kind rather than monetary, describe the donation in detail using a supplemental page if necessary.

## SIGN THE COMPLETED FORM

Person filing the form on behalf of the committee must fill out the verified statement portion and sign the form.

Iowa Ethics and Campaign Disclosure Board 510 East 12<sup>th</sup>, Suite 1A Des Moines, Iowa 50319 (515) 281-4028 www.iowa.gov/ethics